

Northern Lebanon Recreation and Parks

PROGRAM REGISTRATION FORM

Participants must live in the same household to be on the same form. We cannot process incomplete forms.

A FAMILY MEMBER	PARTICIPANT FIRST NAME _____		PARTICIPANT LAST NAME _____		BIRTHDATE _____	AGE _____	MALE _____	FEMALE _____
	PROGRAM NAME		REGISTRATION #		DATE OR SESSION #		COST	
	HEALTH PROBLEMS/ALLERGIES/LEARNING DISABILITIES: _____							

B FAMILY MEMBER	PARTICIPANT FIRST NAME _____		PARTICIPANT LAST NAME _____		BIRTHDATE _____	AGE _____	MALE _____	FEMALE _____
	PROGRAM NAME		REGISTRATION #		DATE OR SESSION #		COST	
	HEALTH PROBLEMS/ALLERGIES/LEARNING DISABILITIES: _____							

C FAMILY MEMBER	PARTICIPANT FIRST NAME _____		PARTICIPANT LAST NAME _____		BIRTHDATE _____	AGE _____	MALE _____	FEMALE _____
	PROGRAM NAME		REGISTRATION #		DATE OR SESSION #		COST	
	HEALTH PROBLEMS/ALLERGIES/LEARNING DISABILITIES: _____							

1	ADDRESS _____		CITY _____		STATE _____	ZIP _____
	HOME PHONE _____	FAMILY EMAIL ADDRESS (THIS WILL BE USED FOR ALL FAMILY MEMBERS) _____				

2	MOTHER/GUARDIAN NAME _____	CELL PHONE _____
	FATHER/GUARDIAN NAME _____	CELL PHONE _____

3	EMERGENCY CONTACT 1 _____	BEST PHONE _____	RELATION _____
	EMERGENCY CONTACT 2 _____	BEST PHONE _____	RELATION _____

4	PAYMENT INFO: CHECK # _____ (Payable to "NL Recreation and Parks Commission")	
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5	Where did you hear about NLRPC? _____	Today's Date _____
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